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Annual Report for the year: 2020 **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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ZOZ3 MAY 18 ₱ 1:05 _____

1. Entity ID Number 000905626		2. Exact name of the Limited Liability Company ARC HTNEWRI001, LLC 4. Brief description of the character of business conducted in Rhode Island Own, manage, and lease real estate.			
3. NAICS Code 531120	1 _				
5. State of Formation DE					
6. Principal Office Address 38 Washington Street		City Newport	State RI	Zip 02840	
	d Liability Company and Name			- -	
Contact Name Michael Anderson		Contact Title Manager			
Street Address 38 Washington Street		City Newport	State RI	^{Zip} 02840	
8. The Resident Agent inform	nation currently of record with	the RI Department of State is accu	ırate. Changes requir	e filing Form 642.	
	declare and affirm that I had atements contained herein a	ve examined this report, includin are true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person			Date		
Michael Anderson, Authorized Signatory			5/2/2023		
Signature of Authorized Per	son and				

FILED

MAY 1 8 2023 BY ML BNEME

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov